

Name
in
Full

CERTIFICATE OF DEATH

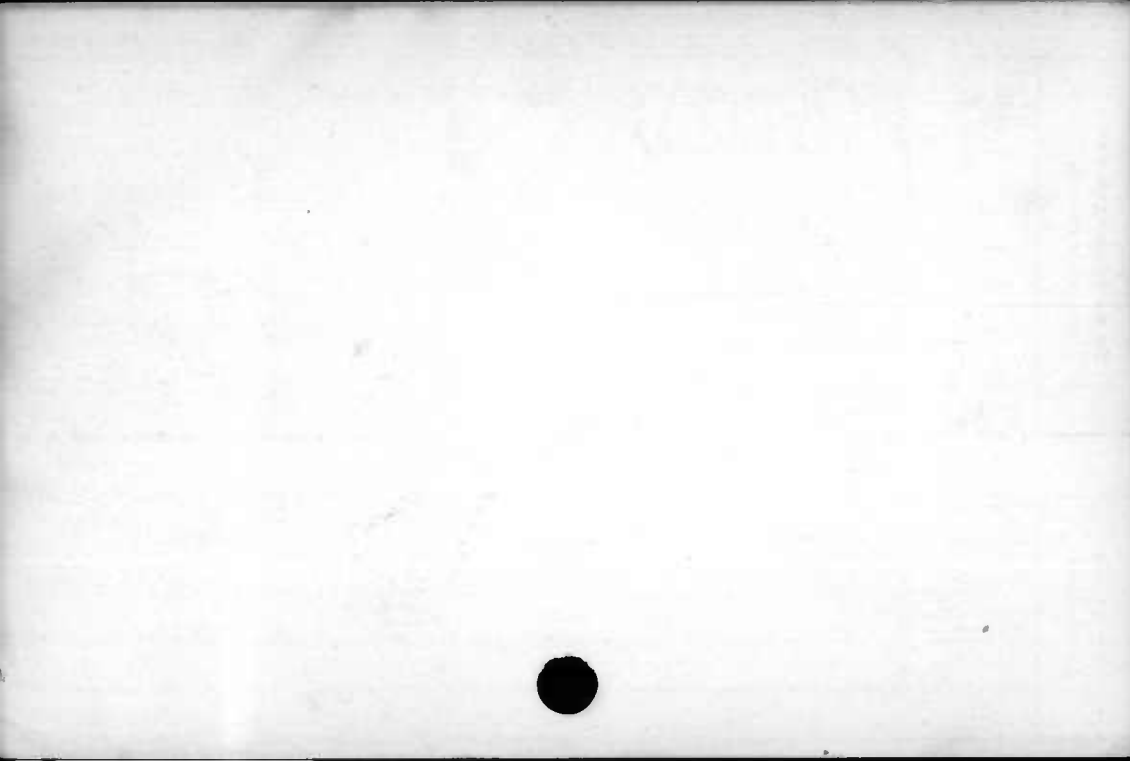
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>in 1st District</i>		County <i>Howard</i>		MARYLAND	
Date of death	1905	Month	Sept	Day	11
Age	83	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Farmer		Where Residing if not at place of death <i>Howard Co.</i>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name				Father's Birthplace	Germany
Mother's Maiden Name				Mother's Birthplace	Germany
Name of person giving information	<i>Herman Otter</i>			How related to deceased	<i>Wife by marriage</i>

CAUSES OF DEATH

Primary	<i>Age and debility</i>	How long	<i>12 months</i>
Immediate	<i>Hemorrhage + cancer of</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge Howard Co Md</i>
Accident or Suicide?	<i>No</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Geo. H. Bartlett

CERTIFICATE OF DEATH

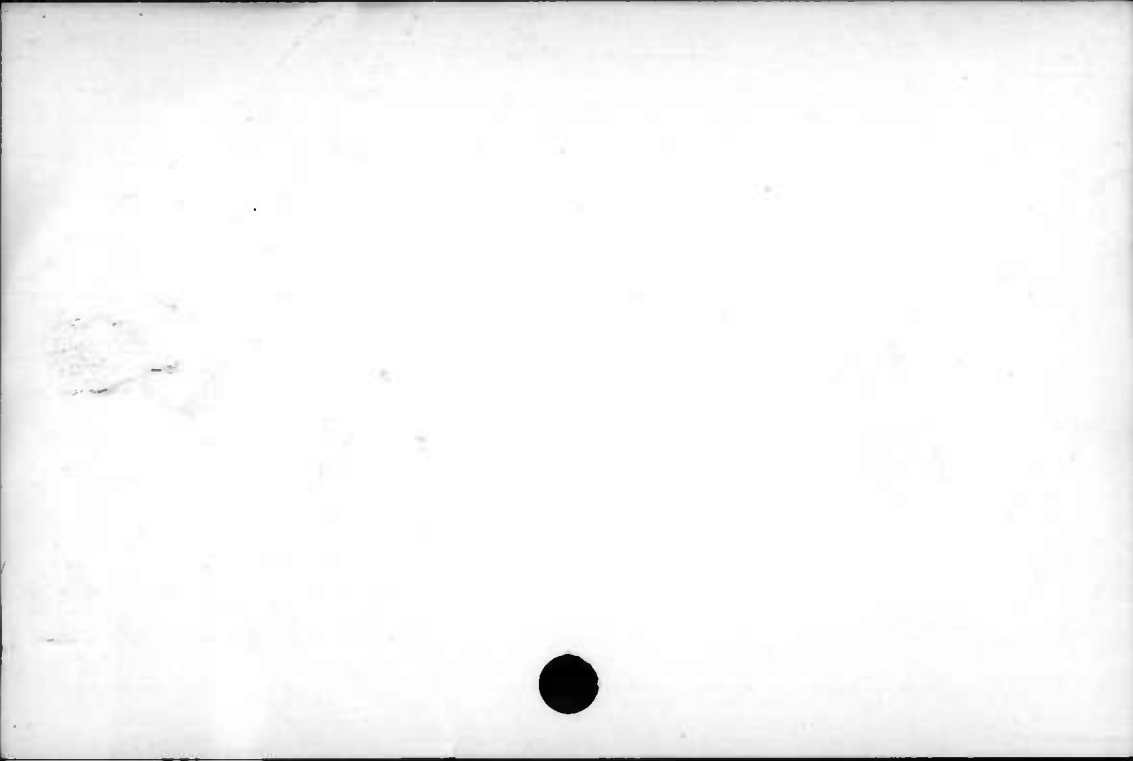
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death		190 J	Month <i>7</i>	Day <i>17</i>	Age <i>56</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Washington D. C.</i>			
Occupation <i>Painter</i>		Where Residing if not at place of death <i>Balto. Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>					
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>_____</i>					
Name of person giving information <i>Wm. Davidson</i>		How related to deceased <i>friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis of Heart</i>	How long	<i>10 minutes</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Williams M.D.</i>	
		Address <i>Savage Md.</i>	
Accident or Suicide? <i>within</i>			



Name
in
Full

Thomas Bramblett

CERTIFICATE OF DEATH

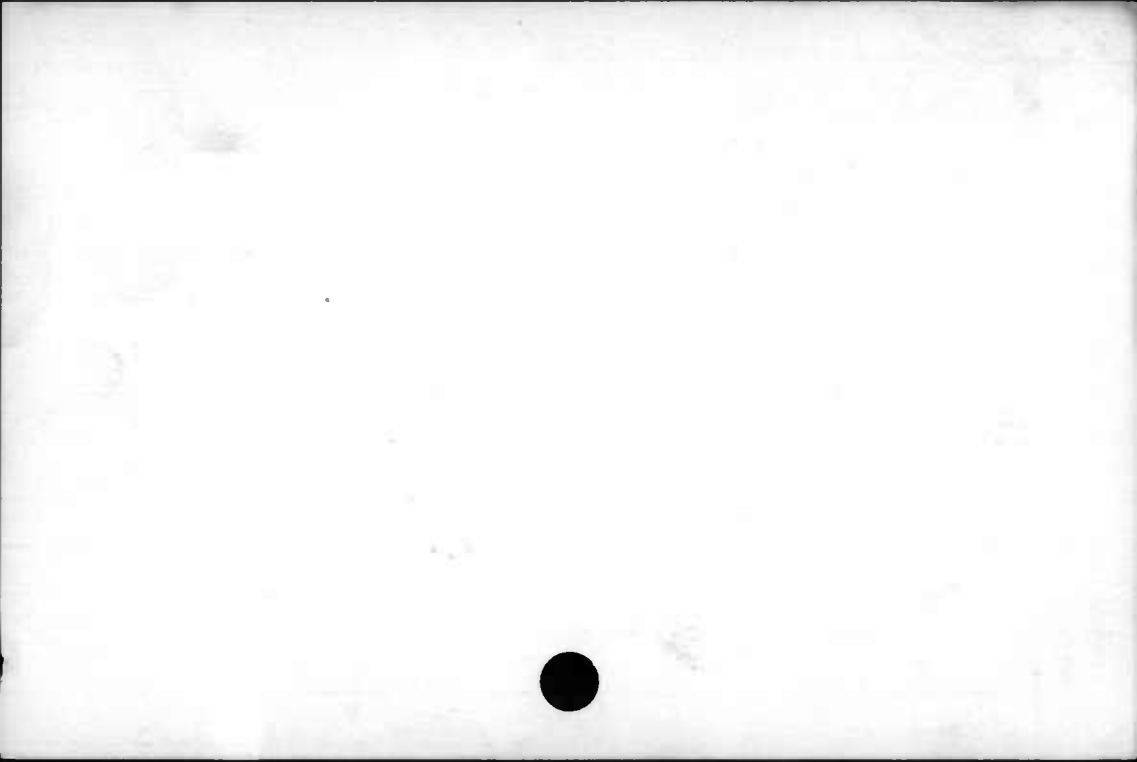
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>23</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Joseph Bramblett</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary E Bramblett</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving in formation <i>Hora Bramblett</i>			How related to deceased <i>Sister</i>		

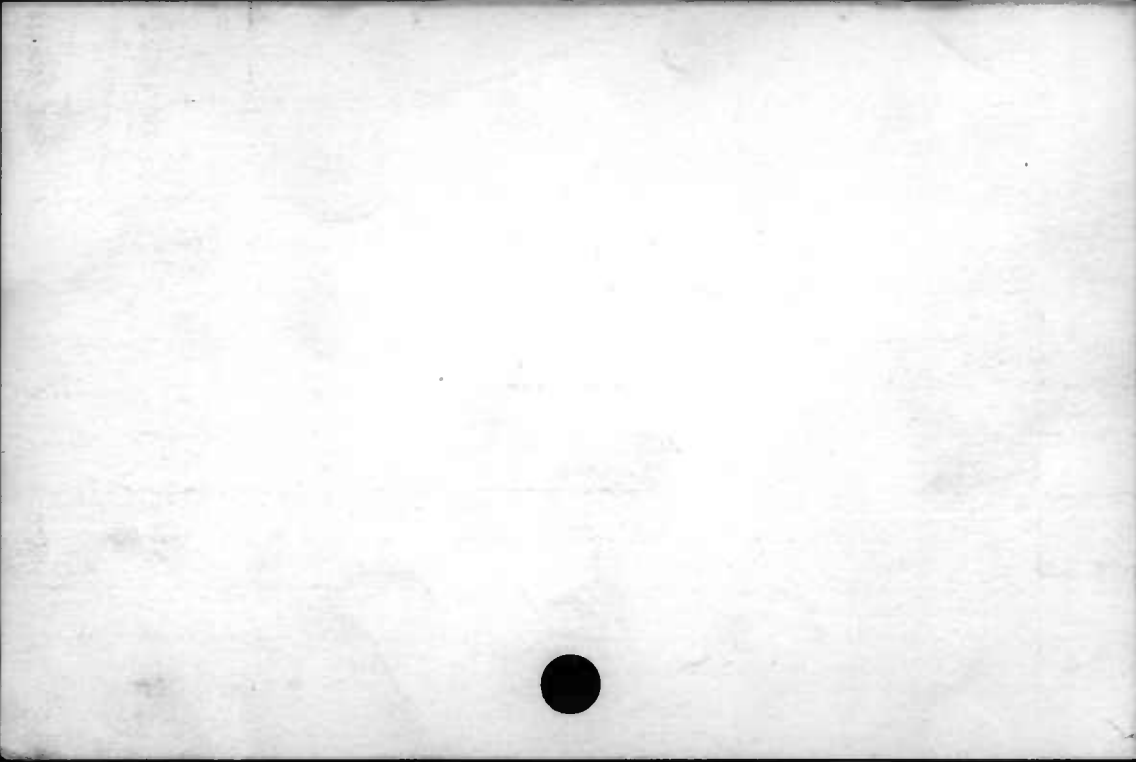
CAUSES OF DEATH

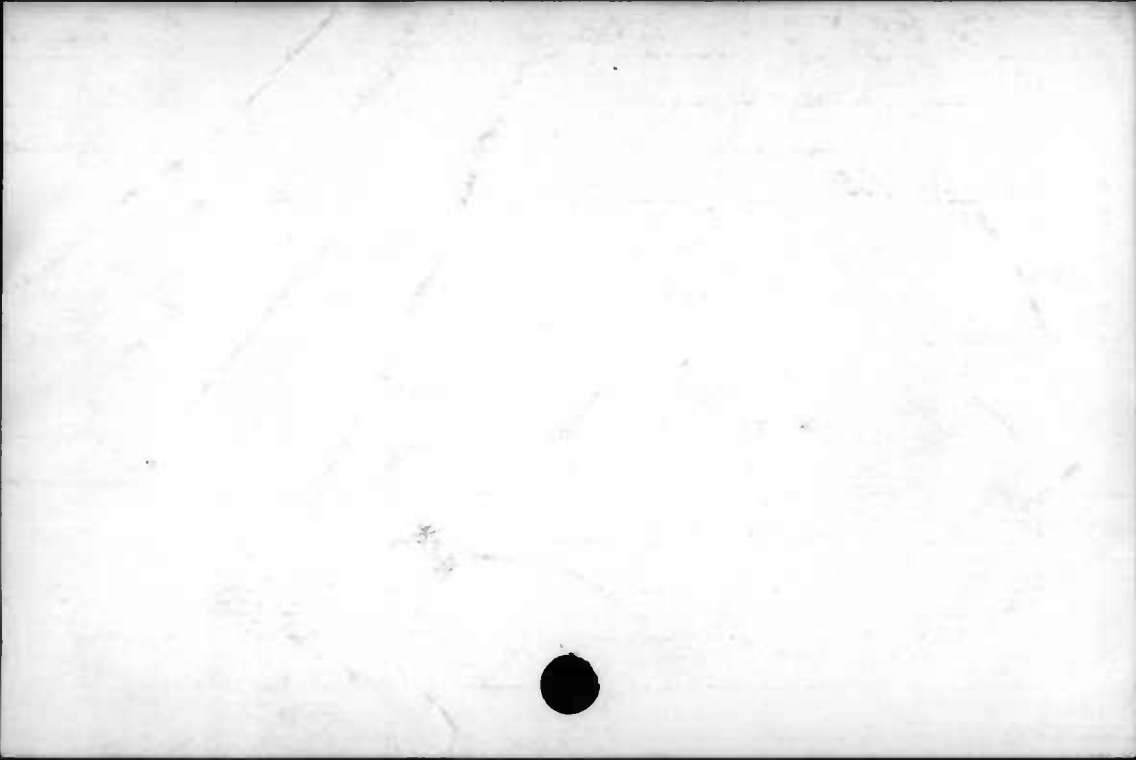
PHYSICIAN
OR CORONER

Primary	<i>Peritonitis</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John W. B. Rogers M.D.</i>	
		Address <i>Ellicott City Md</i>	
Accident or Suicide?			



Name in Full		Annice Sophia Dyson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Islenely -</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>28</i>	Age <i>58</i>	Years	Months	Days
	Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Maryland -</i>			
	Occupation <i>House wife</i>		Where Residing if not at place of death <i>at Place of Death</i>				
	Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John Dyson</i>					
	Father's Name <i>Ruben Ferdinand Ridgely</i>	Father's Birthplace <i>Maryland</i>					
	Mother's Maiden Name <i>Margaret Ann. Musbrock</i>	Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Virginia R. Day -</i>	How related to deceased <i>Sister</i>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Lymph Adenoma (Malignant)</i>		How long <i>9 Months -</i>				
	Immediate <i>Exhaustion</i>		How long				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John W. Webb Jr</i>		Address <i>Islenely -</i>		
	Accident or Suicide? <i>—</i>		Address <i>Howard County Md.</i>				





Name
in
Full

Juddy Griffie

CERTIFICATE OF DEATH

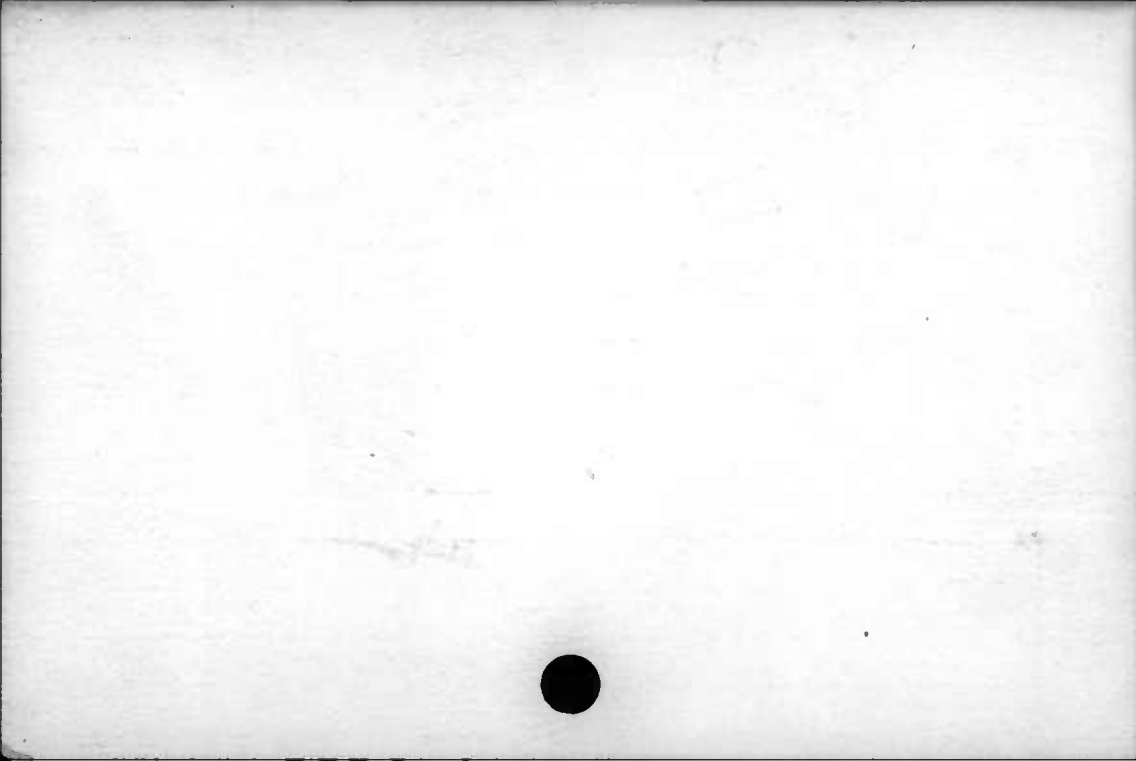
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mayfield</i>		^{County} <i>Howard</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>Sept.</i>	^{Day} <i>28</i>	Age	<i>100</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>House work</i>		Birth-place	<i>Virginia</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Speter Griffie</i>	
Father's Name	<i>Dont Knaw</i>			Father's Birthplace	—
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>George Griffie</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>one month</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>[Signature]</i>
		Address	<i>West Friends Life Howard County</i>
Accident or Suicide?	—		



Name in Full

Certificate of Death

Mary L. Harwood

Town

County

Died at Pine Orchard

Harwood

MARYLAND

Date 189⁹⁰⁵ Sept 6 Y. 1 M. 3 D. - Native of Ind Occupation -
 Male X White X Married X Widow X Divorced -
 Female - Colored - Single - Widower - Number of children living -

Husband
of
Wife

Father's Name Charles Harwood

Mother's Name Annie Harwood

Cause of Death { Primary Morosemia 19
 Immediate Exhaustion

How long sick 4 mos

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068



Name
in
Full

CERTIFICATE OF DEATH

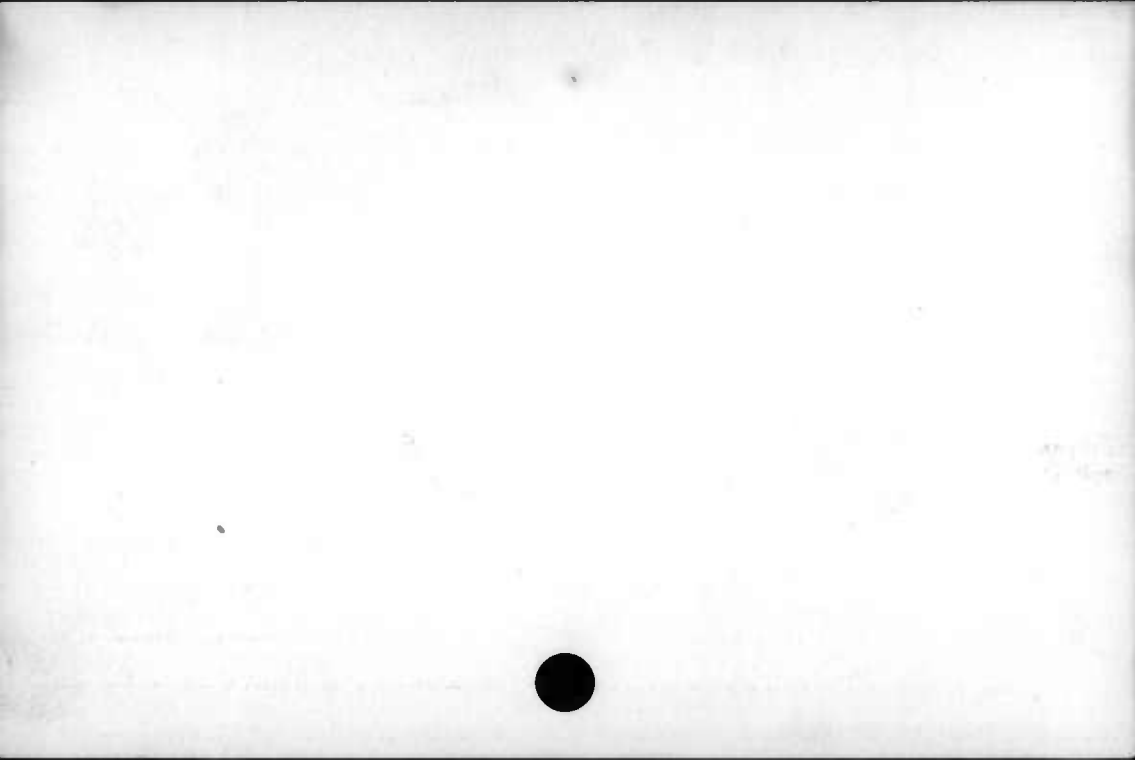
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days	
	Sept	23	Stillborn				
Sex	Male	Color or Race	Colored	Birth-place	Md		
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Hunter Johnson S.					Father's Birthplace	W Va
Mother's Maiden Name	Amelia Lewis					Mother's Birthplace	Md
Name of person giving information	Hunter Johnson					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Thos B. Rogers
	Address
	Ellen G. W. W.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *North Laurel* *Hancock* CountyDate of death *1905* *Sept* *19th* *Age* *23* Months *11* Days *11*Sex *male* Color or Race *White* Birth-place *Savage 146*Occupation *Latimer* Where Residing if not at place of death *North Laurel*~~Married, Single~~ *yes* Name of Wife or Husband *none*Father's Name *William Keys* Father's Birthplace *Washington*Mother's Maiden Name *Anne Chaney* Mother's Birthplace *Savage*Name of person giving In formation *Anne Keys* How related to deceased *mother*

CAUSES OF DEATH

Primary *Tuberculosis* How long *1 yr.*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?

Miss Laid

Name
in
Full

Emma Virginia Piender

CERTIFICATE OF DEATH

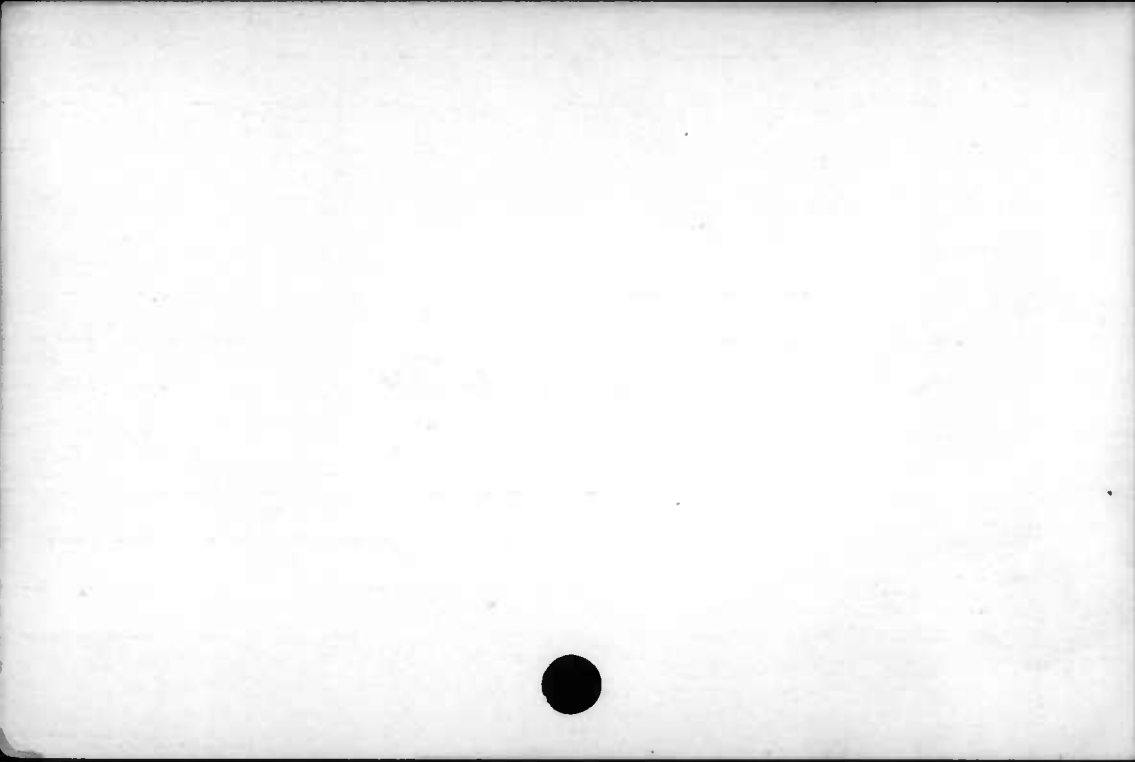
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>May field</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>4</i>	Years <i>—</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Harry Piender</i>			Father's Birthplace <i>Penn.</i>				
Mother's Maiden Name <i>Margaret E. Rastow</i>			Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid -</i>	How long <i>14 days -</i>
<i>Weakness</i>	How long <i>—</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. V. J. Jr.</i>
	Address <i>West Friendship, Howard County</i>
Accident or Suicide?	



Name
in
Full

Paul Miller

CERTIFICATE OF DEATH

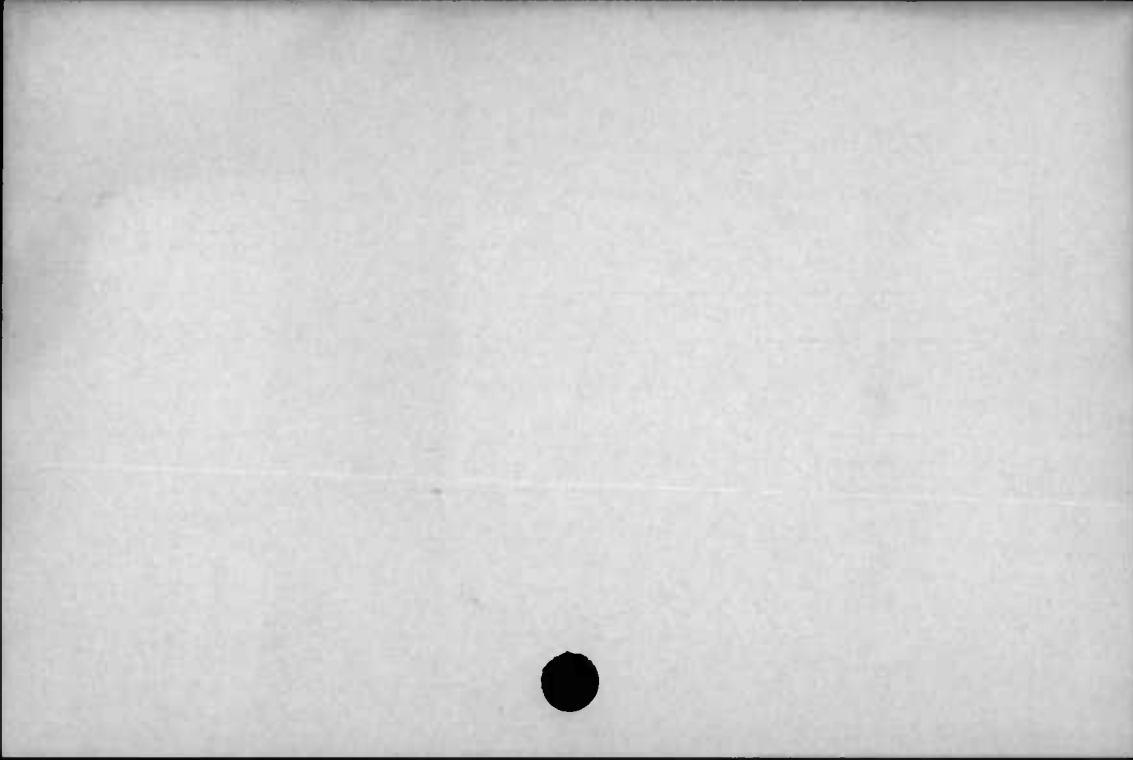
Dr. J. J. Miller
~~MARYLAND~~TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buna Vista</i>		Town		County	
Date of death	<i>1905</i>	Month	<i>Sep</i>	Day	<i>30</i>
Age		Years		Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Laborer</i>	Where Residing if not at place of death		<i>Id.</i>	
Married, Single or Widowed	<i>Single</i>	Name or Wife or Husband		<i>None</i>	
Father's Name	<i>Gottlieb Miller</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Thomas</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Thomas L. Smith</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rail Road accident -</i>	How long	<i>Immediate</i>
Immediate	<i>Shock from Amputation</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thomas B. O'Neal</i>
		Address	<i>Elliott City -</i>
Accident or Suicide?	<i>accident</i>		<i>Maryland</i>



Name in Full

Certificate of Death

Violet. Puttman

Town *Looksville* County *Hannay* **MARYLAND**

Died at *Looksville* *Hannay* *County*

Date 19 *05* - *Sept 5* - Age *14.00* Native of *Hannay Co* Occupation *Cook*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* Number of children living *0*

Husband of _____

Wife _____

Father's Name *Andrew Puttman* Mother's Maiden Name *Harriet Dorsey*

Cause of Death { Primary *Typhoid fever* Immediate *Heart failure* } How long sick *five weeks*

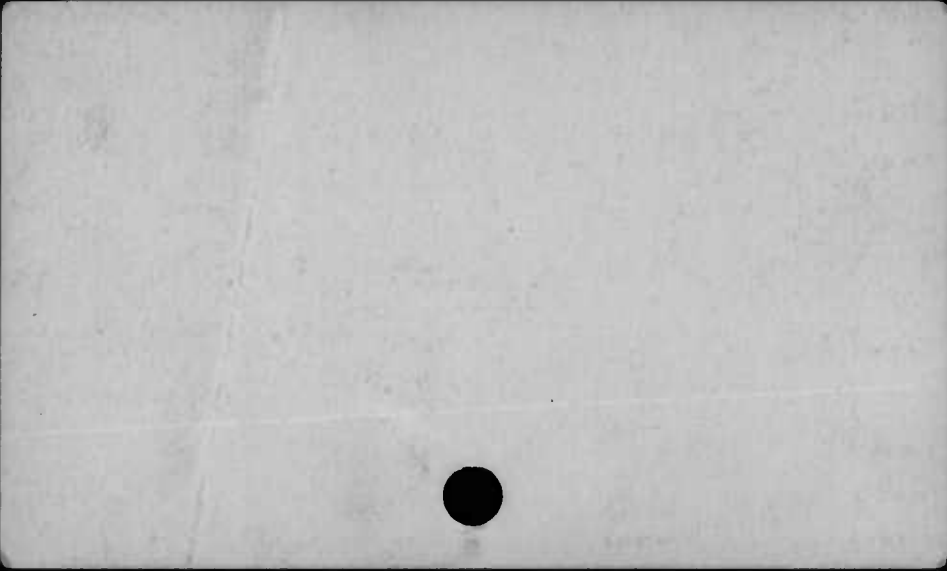
Accident, Suicide, Homicide _____

Reported by *J. W. Sims M.D.*

Address *Glennview* *Hannay* *County*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Harriet Rhodes

Died at ^{own} Hillon ^{County} Howard MARYLAND

Date 1905 ^{Month} Sept. ^{Day} 12 ^{Y.} 4 ^{M.} - ^{D.} - ^{Native of} Md. ^{Occupation} -

☒ Male ☒ White ☒ Married ☒ Widow ☒ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband
of
Wife

Father's Name Wm H. Rhodes Mother's Name Betty Rhodes

Cause of Death { Primary Impyemia
Immediate Exhaustion

How long sick 94 yrs - 6 mos.

Accident, Suicide, Homicide

Reported by

Address

L. L. Jennings, M.D.
Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 15578



Name
in
Full

Charles A. Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>his home</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>7</i>	Day <i>17</i>	Age <i>5</i>	Years <i>5</i>	Months <i>11</i>	Days <i>28</i>
Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>md</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Wm. H. Snowden</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>M. Agnes Foster</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Wm. H. Snowden</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>16 days</i>
Immediate <i>exhaustion</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. Snowden M.D.</i>
	Address <i>Savage md</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

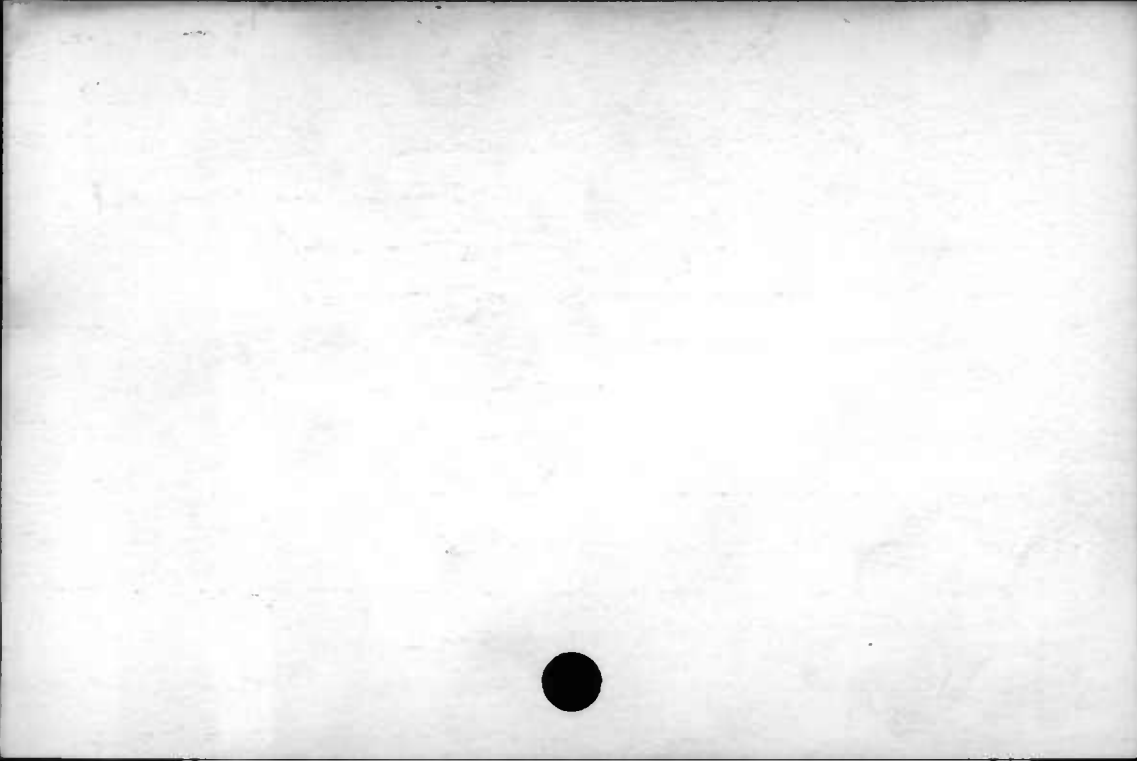
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Webb		Town Elkton		County Howard		STATE MARYLAND	
Died at		Date of death		Age		Months Days	
1905		Sept		6		2	
Sex Male		Color or Race White		Birth-place Elkton			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Eugene Webb				Father's Birthplace Elkton			
Mother's Maiden Name Martha Bacon				Mother's Birthplace Home			
Name of person giving information Arthur Eugene Webb				How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Familial	How long	One week
Immediate	Arthur	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. M. B. Rogers	
		Address Elkton	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Elkridge

Town

County

Howard

MARYLAND

Date

of death *1905*

Month

9

Day

15

Age

Years

22

Months

X

Days

-

Sex

Male

Color or
Race

Colored

Birth-
place

Ida

Occupation

Labourer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Wendy B. Gden

Mother's
Birthplace

Maryland

Name of person giving
Information

Frank Martin

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

20 days

Immediate

Heart failure

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Harrison Tongue

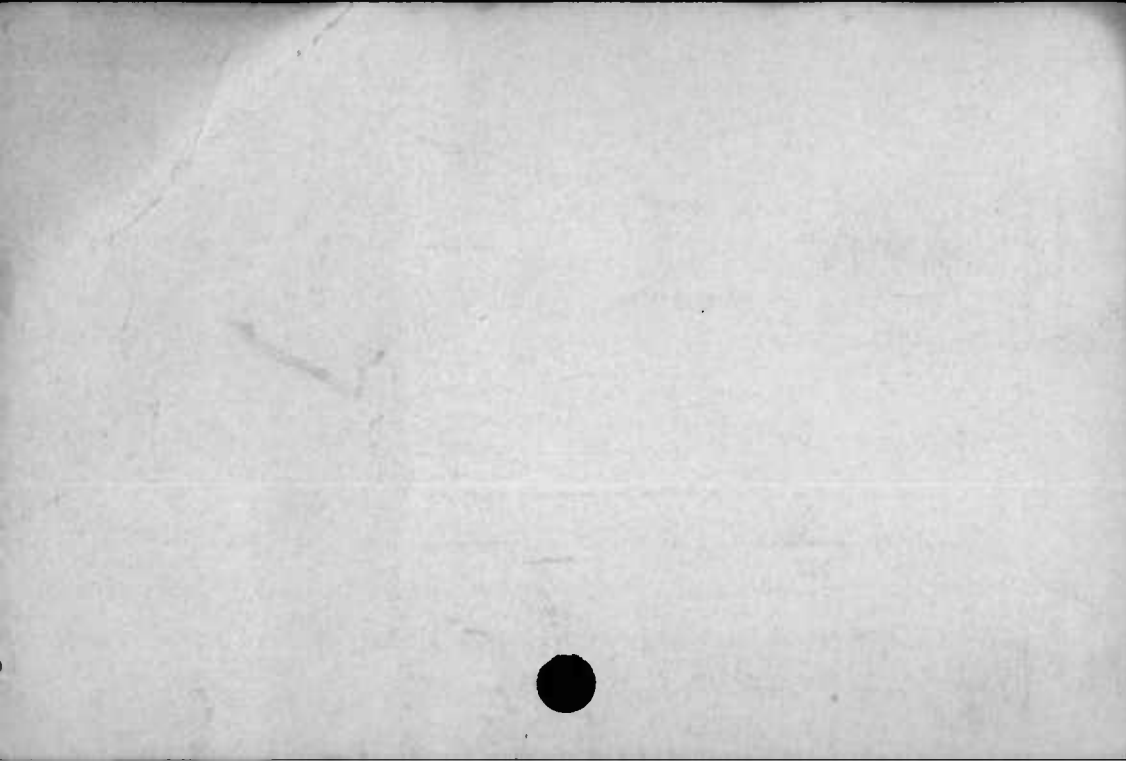
Address

Elkridge

Ida

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Sept</i>	Day <i>26</i>	Age <i>46</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth- place <i>Richmon Va</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>house keeper</i>		
Name of Wife or Husband <i>John Young</i>					
Father's Name <i>Edward Turner</i>			Father's Birthplace <i>Richmon Va</i>		
Mother's Maiden Name <i>Mary Hemmon</i>			Mother's Birthplace <i>" "</i>		
Name of person giving In formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>24 hrs.</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. G. Owens, M.D.</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide?	

